POSITION	INITIALS	ID NO.	DATE	
			10/20/10	
FEE DETERMINATION	-7-0			
O.I.P.E. CLASSIFIER	0	5	10-31-00	
FORMALITY REVIEW		1153	11.21.00	
RESPONSE FORMALITY REVIEW			•	

INDEX OF CLAIMS

= — (Through no	Rejected Rejected Allowed umeral) Canceled Restricted	1 A		
Claim Date	Claim	Date	Claim	Date
101M				
Final	Final Original		Final Original	
	51		101	
	52		102	
	53		103	
 	54		105	- - - - -
	56		106	
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10	60		110	- - - - -
	61 62		111	
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	64	 	114	
	65		115	
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18	68		118	
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	70		121	- -
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27	77		127	
28	78 79		129	
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	82		132	
32 0	83		133	
34 🗸	84	 	134	
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36	87	++++	137	-
38	88	++++	138	
39	89		139	
49 1	90		140	
41	91		141	
42	92	41411	142	
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44	94	- - - - - - -	144	
45 46	95		146	
40 47	97	- - - - - -	147	
48	98		148	
49	99		149	
50	100		150	!!

BEST AVAILABLE CU.

If more than 150 claims or 10 actions staple additional sheet here